

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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May 17, 2006

TO: Each Supervisor

A handwritten signature in black ink, appearing to read "Bryce Yokomizo", written over the "TO:" line.

FROM: Bryce Yokomizo, Director

SUBJECT: **PROGRESS REPORT ON DPSS IMPLEMENTATION OF THE
CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH) ACTION
PLAN**

This is to provide you with a progress report on DPSS activities relative to the CIMH Action Plan. A copy of the plan is enclosed for your reference.

BACKGROUND

As you may recall, the CIMH Action Plan was created in response to the findings of the study: "Outcomes of CalWORKs Supportive Services in Los Angeles County," published by CIMH in January 2005. The plan contains specific action items focused on program enhancements as it relates to the following four key areas of service access and delivery: 1) Identification and Referral; 2) Engagement; 3) Completion; and 4) Outcomes. The plan was created through a collaborative process by the CIMH Implications Workgroup, comprised of representatives from the Commission for Public Social Services' Committee on Review and Evaluation of CalWORKs (CORE), advocates, service providers, partnering departments, and DPSS Managers.

STATUS REPORT

The CIMH action plan contains items ranging from short-term strategies to long-term strategies. This report will focus on the short-term strategies, the majority of which have been implemented. These are the items that involve program changes to make services available, accessible, and convenient to better address participants' needs.

I. Identification and Referral

- To ensure participants are not sanctioned, the Department has reinforced existing program policies and strengthened instructions to ensure policy is being adhered to. New policy has been developed to eliminate the mandatory nature of CalWORKs substance abuse treatment services, and to reinforce the substance abuse and mental health screening process.
- A more comprehensive screening instrument was developed to increase the participants' self-disclosure for mental health and substance abuse issues. We are in the process of identifying offices to pilot the new screening instrument.
- The Department is currently exploring potential office space in district and regional offices for participants to discuss sensitive subjects, such as domestic violence, mental health and/or substance abuse. This will provide participants with a more conducive environment to discuss their issues with service providers either in person or via a telephone call.

II. Engagement

- The Department has filled four of the seven Staff Development Specialist, Social Work items, with professional level staff holding a Masters in Social Work (MSW) degree. These positions are to increase professional competence of staff and provide staff with the necessary training and support to raise their level of confidence to effectively engage participants around highly personal and sensitive issues. The MSWs visited our line offices and provider sites to identify training needs, reasons for communication breakdowns, and assess the effectiveness of the screening process. They have conducted sensitivity awareness trainings on homelessness, mental health, substance abuse and domestic violence. In addition, they provided training on motivational interviewing skills to provide our staff with techniques to encourage participant engagement. The MSWs are also facilitating team building meetings focused on enhancing communication between providers and DPSS staff. In addition, we have hired a consultant with a doctorate degree in social work, to assist in program development and to increase professional competency. We are still seeking to fill the remaining MSW staff positions.

III. Completion

- To increase completion of activities, we have held several meetings with the provider community, partnering county departments and our own staff to create a universal definition for what constitutes completion of a supportive services activity. In addition, our MSW staff are facilitating team building meetings between DPSS staff and service providers in various service planning areas to promote communication and a sense of shared values.

IV. Outcome

- The action items listed under the Outcome category are identified as a mid-term strategy. As such, they will be addressed in subsequent reports.

FUTURE REPORTS TO THE BOARD

I will provide your Board with our next quarterly report on my Department's continued activities to implement the CIMH Action Plan in August of 2006. The next report will provide a status of the mid-term actions.

BY:tg

Enclosure

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Chairman, Commission for Public Social Services
Director, Department of Mental Health
Director, Department of Health Services
Director, Community and Senior Services

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
POLICY IMPLICATIONS WORKGROUP**

ACTION PLAN

FOCUS AREA: IDENTIFICATION AND REFERRAL

- I. RESEARCH FINDING:** 8% of Welfare-to-Work participants are referred to Specialized Supportive Services (SSS). Between 50-75% of participants are receiving services for the first time.

ACTIONS

- A. Provide multiple opportunities for self-disclosure, screening and assessment over time.**

Participants may not feel comfortable disclosing a service need at initial contact; therefore, participants should be constantly made aware of the availability of services and the opportunity to access them.

**Short-Term Goal*

- B. Provide detailed and specific information regarding the benefits of being screened and/or treated for Specialized Supportive Services and provide in depth information on the compliance process, good cause criteria, and exemptions.**

Participants are often unclear of what accessing service means. This may result in unnecessary fear of being subject to negative consequences, such as being sanctioned, etc.... By providing a clear overview of the nature and scope of treatment activities, including the option to receive welfare-to-work exemptions/good cause while receiving Specialized Supportive Services, a participant may be more likely to agree to access the needed services.

**Mid-Term Goal*

- C. Identify participants regardless of existing barriers to employment such as, physical disabilities, ethnic, cultural, and/or linguistic backgrounds.**

Although services are available, non-English/non-Spanish speaking participants may often face greater stigmas and be reluctant to disclose service needs. Also, participants who cycle on and off employment, or are physically disabled, may be more likely to have Specialized Supportive Services needs. Targeting outreach efforts toward these populations may increase identification, referral, and access to services.

**Mid-Term Goal*

- D. Outreach to sanctioned participants to ensure the sanction was not imposed as a result of unidentified Specialized Supportive Services need.**

Specialized Supportive Services needs may be a barrier to participation, resulting in a participant being sanctioned. Outreach to sanctioned individuals can identify service needs, connect participants to appropriate services and reverse sanctions.

**Mid-Term Goal*

*Note: Goals are defined as follows:

Short –Term: 1-4 months / Mid-Term: 5-8 months / Long-Term: 9+ months

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
POLICY IMPLICATIONS WORKGROUP**

ACTION PLAN

FOCUS AREA: IDENTIFICATION AND REFERRAL *(continued)*

- I. **RESEARCH FINDING:** 8% of Welfare-to-Work participants are referred to Specialized Supportive Services (SSS). Between 50-75% of participants are receiving services for the first time.

ACTIONS

- E. **Provide and monitor ongoing comprehensive training to all staff. Training should encompass Specialized Supportive Services policy and procedures, mandated reporting requirements, confidentiality, cultural awareness, and motivational interviewing to dispel stigmas associated with service access. Training should reemphasize the uniform Departmental message focusing on the belief that services are vital and necessary.**

Further increasing staff awareness and sensitivity, as well as reinforcing program policy/procedures will contribute toward enhanced case management

**Mid-Term Goal*

- F. **Establish a subgroup to evaluate the screening instrument/process and assess the possibility of developing a separate screening instrument to be utilized solely for participants at points of failure, such as noncompliance or sanction.**

Participants who are unable to successfully participate may need a more in-depth screening to identify service needs. Ensuring that the screening instrument/process is comprehensive, and identifies special accommodations that may be needed by a participant, will likely increase identification of service needs.

To Be Determined During Subgroup Process

- G. **Explore making additional space available in district/regional offices where participants can discuss potential needs for Specialized Supportive Services in privacy.**

Participants are more likely to discuss a need for services in a more private environment.

**Short-Term Goal*

- H. **Establish a subgroup to modify the Community Assessment Service Center (CASC) Process.**

The subgroup will focus on the overall function of CASC and will assess its role in relation to enhanced service delivery.

To Be Determined During Subgroup Process

*Note: Goals are defined as follows:

Short –Term: 1-4 months / Mid-Term: 5-8 months / Long-Term: 9+ months

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
POLICY IMPLICATIONS WORKGROUP**

ACTION PLAN

FOCUS AREA: ENGAGEMENT

- II. RESEARCH FINDING:** Engaging and retaining participants in service continues to be most challenging in Supportive Services. Programs need to make services available, accessible and convenient to better address participant needs.

ACTIONS

- A. Where space is available, explore on-site child care in district/regional offices and/or drop off child care arrangements.**

Having children present during the interview process discourages participants from disclosing service needs or discussing sensitive issues. In addition, having drop in child care available will support participants who are scheduled to attend one-day activities such as GAIN Orientation or Clinical Assessment.

**Short-Term Goal*

- B. Reinforce and strengthen written instructions on existing program policy with focus on maximizing participant's access to child care, transportation, clock stoppers, good cause determinations, and exemptions.**

Reinforcing program policy/procedures will contribute toward enhanced case management and engagement in scheduled activities.

**Short-Term Goal*

- C. Ensure that a uniform definition of completion is used by both Specialized Supportive Services contracted providers and Specialized Supportive Services GAIN Services Workers (GSW).**

By having a clear understanding of the participant's treatment goal and participation status, the GSW can encourage the participant to remain engaged in services as necessary.

**Short-Term Goal*

- D. Expand the number of CalWORKs-contracted service providers to be able to increase the availability of providers able to serve participants with co-occurring disorders, eliminate wait time to services, and address all the threshold language needs.**

Participants will remain engaged in services if providers offer flexible programs and pay attention to participant needs (i.e., non-traditional business hours, transportation, activities for children and families, etc.)

**Long-Term Goal*

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
POLICY IMPLICATIONS WORKGROUP**

ACTION PLAN

FOCUS AREA: ENGAGEMENT (continued)

- II. **RESEARCH FINDING:** Engaging and retaining participants in service continues to be most challenging in Supportive Services. Programs need to make services available, accessible and convenient to better address participant needs.

ACTIONS

- E. **Institute team of DPSS staff with a Masters Degree in Social Work (MSW) to increase professional competency of Eligibility Workers and GAIN Services Workers to be able to effectively engage participants around highly personal and sensitive issues.**

Providing Eligibility Workers and GAIN Services Workers with a professional resource to consult with will assist staff in gaining a better understanding of the dynamics of treatment and thus encourage a more supportive case management relationship focused on service engagement and completion.

**Short-Term Goal*

- F. **To encourage access of substance abuse services, eliminate the mandatory nature of treatment.**

Removing the mandatory aspect of accessing services will eliminate the fear that failure to complete treatment services will automatically result in welfare-to-work sanction.

**Short-Term Goal*

FOCUS AREA: COMPLETION

- III. **RESEARCH FINDING:** A higher percentage of participants complete the supportive services component for which they were referred, than complete specific episodes of services.

ACTIONS

- A. **Implement ongoing team building meetings between Provider and District/Regional staff to enhance communication, including identification of liaison in each District/Region, and ongoing cross-training between providers and District/Regional staff.**

Working together as a team, service providers and Eligibility Workers/GAIN Services Workers can be better coordinated to identify and eliminate barriers to participation, and convey a united message to the participant and encourage completion of services.

**Short-Term Goal*

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
POLICY IMPLICATIONS WORKGROUP**

ACTION PLAN

FOCUS AREA: OUTCOMES

- IV. RESEARCH FINDING:** Participants who are in services for a long time, or complete services, show positive changes. Participants discharged show positive changes in their primary problems. 20% of participants receiving services are working and at least two-thirds are engaged concurrently in some employment related activity.

ACTIONS

- A. Explore unique Welfare-to-Work activities and employment opportunities focused on supporting participants with Specialized Supportive Services to secure initial employment and advancement opportunities which will lead to self-sufficiency.**

Activities developed specifically for participants with Specialized Supportive Services needs will provide a more nurturing and supportive environment.

**Mid-Term Goal*

- B. Develop mechanism to accurately determine service access among the CalWORKs population and enhance monitoring by establishing benchmarks on referrals, engagement, and outcomes.**

A significant percentage of the CalWORKs population voluntarily choose to access services through alternative means such as Medi-Cal. The aggregate number of CalWORKs participants utilizing services can be compared to the estimated prevalence rate, to further assess program effectiveness.

**Mid-Term Goal*

*Note: Goals are defined as follows:

Short –Term: 1-4 months / Mid-Term: 5-8 months / Long-Term: 9+ months